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Bib Data Sheet

CONFIRMATION NO. 1302

SERIAL NUMBER 10/826,630	FILING OR 371(c) DATE 04/16/2004 RULE	CLASS 703	GROUP ART UNIT 2123	ATTORNEY DOCKET NO. 17146-0007001
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APPLICANTS

Stephen K. Pinto, Newton, MA;
Richard Mansfield, Cambridge, MA;
Marc Jacobs, Needham, MA;
Donald Rubin, Newton, MA;

** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 06/25/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	MA	32	40	3
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS

26161

TITLE

PREDICTIVE MODEL GENERATION

FILING FEE RECEIVED 930	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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